Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times

Monthly and quarterly data to 31 March 2020

Publication date: 26 May 2020
This is a National Statistics publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in May 2013. The OSR is the regulatory arm of the UK Statistics Authority.

The continued designation of these statistics as National Statistics was confirmed in May 2018 following a compliance check by the Office for Statistics Regulation. The compliance check report highlighted a number of strengths and made suggestions for improvements.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland’s performance.

Public Health Scotland (PHS) continues to be committed to improving the information on waiting times along with our key stakeholders; the NHS Boards and Scottish Government.

There have been several changes to waiting time targets and standards over the last 20 years. The most recent change came with the Patient Rights (Scotland) Act 2011 which established a 12 week Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. The Act states that eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This guarantee is based on completed waits.

Further details on this and previous waiting time targets and standards can be found in the background information, with more detailed information in the History of Waiting Times and Waiting Lists.

Inpatient, Day case and Outpatient waiting times are vital components in the delivery of the 18 Weeks Referral to Treatment standard (a maximum whole journey waiting time of 18 weeks from general practitioner to treatment).

This publication is split into 2 main sections:

1. New Outpatients

These are patients added to the waiting list for their first appointment who are covered by the waiting time standards under ‘New Ways’. PHS currently do not collect information nationally on waiting times for return outpatients. Further details on ‘New Ways’ can be found in the background information.

2. Inpatients and Day cases

This section focuses on patients added to waiting list from 1 October 2012 covered by the TTG. Exceptions to TTG are set out in the Regulations. Further details on the TTG can be found in the background information.

From May 2019, PHS provides SMR01 (inpatient activity) and SMR00 (outpatient activity) unadjusted waiting times activity information. This is to show long term activity trends at health board level. This is to complement the existing adjusted waiting times information already included in the publication. Due to data completeness, both the SMR01 and SMR00 data is only shown up to December 2019. See current data completeness levels for more information. These data can be found in the data tables that accompany this report.
Main Points

The statistics presented for this period are affected in part by the COVID-19 (Coronavirus) outbreak. In particular, on the 17 March, NHS Scotland was placed in emergency measures and Boards were asked to suspend all non-urgent elective treatment. Later, on the 23 March the nation entered a period of ‘lockdown’. These measures affected normal referral and treatment patterns in March. Where possible we have highlighted aspects of the statistics that are influenced by this.

New outpatients National Standard - 95% of new outpatients waiting no longer than 12 weeks from referral to being seen.

- In the quarter ending 31 March 2020 there were 39,261 (-10.8%) fewer patients seen under this standard compared to the previous quarter ending 31 December. This is largely due to a reduction in patients seen in the month of March itself: there were 89,293 patients seen in March. This compares to 128,680 in March 2019 (-29%).

- Of those patients seen in the quarter ending 31 March 2020, 77.4% were seen within 12 weeks of referral. This compares with 76.7% of patients seen during the quarter ending 30 December 2019 and 74.9% during the quarter ending 31 March 2019.

- At 31 March 2020 there were 258,255 patients waiting to be seen: 22,418 (-8.0%) less than the number that were waiting at the end of the previous quarter and 11,560 (-4.3%) less than were waiting at the end of February. Although there were fewer patients seen in March, additions to the waiting list were reduced by a decrease in referrals. The reduction in the number waiting was due to the number patients seen or removed from lists exceeding the number of additions. There were 102,685 patients added to waiting lists in March compared to 137,962 additions in February: a 25.6% reduction.

- Of those waiting to be seen at 31 March 2020, 64,751 had been waiting over 12 weeks and 49,155 over 16 weeks.

- Due to a reduction in referrals in the latter weeks of March, the percentage of patients who had been waiting 3 weeks or less at the end of the month was less than usual: 20.4% compared to 32.4% at the end of February. Despite this, the percentage of patients who had been waiting no more than 12 weeks at the end of March was 74.9%. This compares with 73.2% on 31 December 2019 and 74.7% on the 31 March 2019.

Treatment Time Guarantee (TTG) – Following the decision to treat all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case.

- In the quarter ending 31 March 2020 there were 4,663 (-6.7%) fewer TTG-eligible patients admitted as an inpatient or day case compared to the previous quarter ending 31 December. There was a large reduction in admissions in the month of March itself. There were 16,561 patients admitted during March 2020 compared to 26,033 during March 2019.

- Of those admitted in the quarter ending 31 March 2020, 68.7% were treated within 12 weeks. This compares with 71.8% of patients admitted during the quarter ending 31 December 2019 and 68.6% of those admitted during the quarter ending 31 March 2019.
• At 31 March 2020 there were 79,973 patients waiting to be treated under this standard. Although less patients were admitted in March, there were also less additions to the waiting lists in the month due to a reduction in referrals. This led to a slight reduction in the number of patients waiting (403, -0.5%) compared to the number waiting at the end of the previous quarter and 191 (-0.2%) less than at the end of February. Of these patients, 28,464 had been waiting over 12 weeks.

• Due to the reduction in additions in the latter weeks of March, the percentage of patients who had been waiting three weeks or less at the end of the month was less than usual: 14.0% compared to 25.1% of those waiting at the end of February. The percentage of patients who had been waiting no more than 12 weeks was also less: 64.4% compared to 67.5% of patients waiting on 31 December 2019 and 70.8% of those waiting on 31 March 2019.
Results and Commentary

1. New Outpatients

This section covers the waits that patients experience waiting for an appointment as a new outpatient at a consultant led clinic. It includes all sources of referral, not just those patients referred by their GP. The current waiting times standard applicable to such patients is that no patient should wait longer than 12 weeks to be seen.

The statistics shown are largely derived from data collected through the National Waiting Times warehouse. Note, that NHS Tayside have supplied locally derived figures for the reporting period April 2017 – December 2018 as they were unable to submit data to the warehouse. This is included in the data tables.

All summary tables and charts within this section are supplemented by NHS Board trend and comparative detail in the data tables.

1.1 Number of Patients seen

The number of patients seen is a measure of completed waits, however the 12 week national standard applies to ongoing waits.

Please see Appendix 1 for more information on the differences between patients waiting (ongoing waits) and patients seen (completed waits).

Table 1 shows a recent trend for the number of patients seen. During quarter ending 31 March 2020, 325,912 patients were seen. This is 39,261 (10.7%) less than the previous quarter ending 31 December. This is largely due to a reduction in patients seen during March (89,293 compared to 128,680 in March 2019).

Table 1 - Completed waits for patients seen: New Outpatient appointment

<table>
<thead>
<tr>
<th>Quarter ending</th>
<th>Total seen</th>
<th>Number who waited over 12 weeks</th>
<th>Number who waited over 16 weeks</th>
<th>% waiting 12 weeks or less</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-20</td>
<td>325,912</td>
<td>73,740</td>
<td>48,429</td>
<td>77.4%</td>
<td>41</td>
<td>143</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>365,173</td>
<td>85,220</td>
<td>56,985</td>
<td>76.7%</td>
<td>43</td>
<td>147</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>368,149</td>
<td>86,229</td>
<td>56,820</td>
<td>76.6%</td>
<td>42</td>
<td>146</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>361,868</td>
<td>77,268</td>
<td>51,234</td>
<td>78.6%</td>
<td>41</td>
<td>146</td>
</tr>
<tr>
<td>31-Mar-19</td>
<td>372,903</td>
<td>93,737</td>
<td>66,975</td>
<td>74.9%</td>
<td>42</td>
<td>160</td>
</tr>
<tr>
<td>31-Mar-18</td>
<td>351,098</td>
<td>92,984</td>
<td>65,459</td>
<td>73.5%</td>
<td>43*</td>
<td>158*</td>
</tr>
</tbody>
</table>
Of those patients seen in the quarter ending 31 March 2020, 77.4% were within 12 weeks of referral. This compares with 76.7% of patients seen during the quarter ending 30 December 2019 and 74.9% during the quarter ending 31 March 2019.

Half of all patients were seen within 41 days (median wait) and 9 out of 10 were seen within 136 days (90th percentile wait) during quarter ending 31 March 2020. These figures should be treated with some level of caution as waits from NHS Tayside are not included in the median and 90th percentile to allow comparisons across all quarters. This is due to data submitted by NHS Tayside not covering the waits experienced by individuals. More information can be found in the data quality section.

Figure 1: Percentage of patients who waited 12 weeks or less for their appointment

1.2 Number of patients waiting for a new outpatient appointment

Table 2 shows a recent trend for the number of patients on waiting lists for a new outpatient appointment at a consultant led clinic. At 31 March 2020 there were 258,255 patients waiting to be seen: 22,418 (-8.0%) less than the number that were waiting at the end of the previous quarter and 11,560 (-4.3%) less than were waiting at the end of February. Although there were fewer patients seen in March, additions to the waiting list were reduced by a decrease in referrals. The reduction in the number waiting was due to the number of patients seen or removed from lists exceeding the number of additions. There were 102,685 patients added to waiting lists in March compared to 137,962 additions in February: a 25.6% reduction.
Table 2 - Ongoing waits for patients on waiting list: new outpatient appointment

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting over 12 weeks</th>
<th>Number waiting over 16 weeks</th>
<th>(% waiting 12 weeks or less)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-20</td>
<td>258,255</td>
<td>64,751</td>
<td>49,155</td>
<td>74.9</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>280,673</td>
<td>75,234</td>
<td>52,825</td>
<td>73.2</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>318,001</td>
<td>86,828</td>
<td>60,540</td>
<td>72.7</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>322,185</td>
<td>85,513</td>
<td>58,835</td>
<td>73.5</td>
</tr>
<tr>
<td>31-Mar-19</td>
<td>310,152</td>
<td>78,336</td>
<td>61,567</td>
<td>74.7</td>
</tr>
<tr>
<td>31-Mar-18</td>
<td>304,928</td>
<td>76,867</td>
<td>59,136</td>
<td>74.8</td>
</tr>
</tbody>
</table>

Figure 2 shows that the total number of patients waiting increased between December 2012 and June 2017 before starting to level off. There was a decrease in the number of patients on the waiting list at December 2019 which was largely due to the 8 key diagnostic tests no longer being included under the 12 week standard from the 1 October 2019. The quarter ending March 2020 has seen a further decrease in the numbers waiting which is due to reduced referrals because of the Covid-19 outbreak and national lockdown measures.

There appear to be seasonal effects each year, with the number on the list tending to remain stable between January and March, increase between April and September and decrease between October and December.

Figure 2: New Outpatients waiting, total and over 12 weeks
1.3 Waiting List Changes - Patients seen, added or removed

As shown in Table 2, 258,255 patients were waiting to be seen, which is 22,418 (8%) less than at the end of the previous quarter. Figure 3 below shows a weekly trend in waiting list additions and removals between January and March 2020. This highlights the change in activity during March because of the COVID-19 outbreak. During February, 137,962 patients were added to waiting lists compared to 102,685 in March: a 25.6% reduction. This reduction is driven by the last two weeks in March: 31,923 additions during week ending 15 March, compared to 11,764 in week ending 29 March.

Figure 3 also shows that less patients were seen (attended) in March compared with the previous weeks and months. Although less patients were seen in March, there were also less additions due to a reduction in the number of referrals. The reduction in the number waiting is due to the number of patients seen or removed from the list (for other reasons) exceeding the number of additions.

Figure 3: Number of New Outpatient additions and removals from the waiting list each week from January to March 2020
1.4 Variation in how long patients have been waiting

Figure 4 examines the variation in the time that patients had been waiting. It illustrates the change to how patients are distributed across time periods after national measures relating to the COVID-19 outbreak were implemented, comparing those waiting at the end of February and end of March.

Due to a reduction in referrals in the latter weeks of March, the percentage of patients who had been waiting 3 weeks or less at the end of the month was less than usual: 20.4% compared to 32.4% at the end of February. Despite this, the percentage of patients who had been waiting less than 12 weeks at the end of March was 74.9%. This compares with 73.2% on 31 December 2019 and 74.7% on the 31 March 2019.

Figure 4: Distribution of (Adjusted) Ongoing Wait, New Outpatient appointment

1.5 Percentage of patients who have been waiting 12 weeks or less

Figure 5 shows the trend for the percentage of patients waiting less than 12 weeks at quarter end. The percentage decreased until September 2017 but since then has fluctuated between 70.0% and 75.0%. The trend is also affected by the same seasonal affects described previously.

At 31 March 2020, 74.9% of patients waiting for an appointment had been waiting less than 12 weeks. This is a similar level to the same point last year (74.7%) and slightly higher than at 31 December 2019 (73.2%, +1.7 percentage points).
Figure 5: Recent trend for the % of patients who had been waiting 12 weeks or less at the end of each quarter

1. Please note the vertical scale on the left hand side of the graph does not start at zero.

Figure 6 shows the percentage of patients waiting less than 12 weeks at quarter end in each NHS Board, against the target of 95%. Boards with the highest percentages were NHS Fife (95.2%), NHS Borders (94.3%) and NHS Dumfries and Galloway (93.2%). NHS Tayside (63.7%), NHS Lothian (64.5%) and NHS Orkney (66.9%) had the lowest percentages.

Figure 6: Percentage of patients who had been waiting less than 12 weeks in each NHS Board; at 31 March 2020

Figure 7 shows the percentage of patients waiting less than 12 weeks in the specialties with the highest number of patients on the waiting list. During quarter ending 31 March 2020 the
percentage of patients waiting within 12 weeks for the top 3 specialties with the largest waiting lists were 75.8% in General Surgery, 69.5% in Trauma & Orthopaedic Surgery and 73.3% in Ophthalmology.

The majority of these specialties show a similar percentage to the previous quarter, with the exception of Gastroenterology and Dermatology, where increases have been observed. The percentage of patients waiting 12 weeks or less for Gastroenterology has increased from 56.3% at December 2019 to 67.5% at 31 March 2020 (+11.3 percentage points). Similarly, the percentage for Dermatology has increased by 8.3 percentage points, from 74.3% at December 2019 to 82.6% at March 2020.

**Figure 7: Percentage of patients who had been waiting less than 12 weeks by specialties accounting for 80% of the waiting list; at 31 March 2020**

1.5 Patient unavailability

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (Patient Advised, Patient Requested), due to medical reasons (Medical) or due to Patient Focused Booking (PFB) reasons. Further detail on the use of unavailability is explained in Appendix 1. 1.5% (3,836) of the patients waiting for a new outpatient appointment on 31 March 2020 were unavailable for treatment in NHS Scotland. This compares with 2.4% at 31 December 2019 and 1.8% at the same point last year.
Following the introduction of unavailability codes in October 2012, a detailed split of unavailability by NHS Board is available in the data tables.

1.6 Appointments cancelled or where patient could not attend

In the most recent quarter, 15.2% of appointments were cancelled by the service, compared to 4.8% at 31 December 2019 (+10.4 percentage points). Since March 2010 the cancellation by service rate has remained relatively stable, with minor fluctuations ranging between 4.0% and 6.0%. The sharp increase in cancellations by the service in the current quarter can be attributed to the onset of the COVID-19 pandemic.

This quarter the patient Could Not Attend (CNA) rate was 8.3%. This is when a patient notifies the service in advance that they will be unable to attend the appointment.

Figure 8: New Outpatient non-attendance rates

* NHS Tayside have been excluded from the rates due to data quality issues. Consequently, these figures should be interpreted with caution.

2. Inpatient and Day cases

This section focuses on patients added to Inpatient and Day case admission waiting lists from 1 October 2012. The Treatment Time Guarantee (TTG) states that from 1 October 2012, no patient covered by the guarantee should wait longer than 12 weeks (84 days) for planned Inpatient or Day case treatment.

NHS Tayside have supplied locally derived figures for the reporting period April 2017 – June 2018 as they were unable to submit data to the national warehouse.

All summary tables and charts within this section are supplemented by NHS Board trends and additional comparative detail in the data tables.
2.1 Number of Patients Seen

See Appendix 1 for more information on the differences between patients waiting (ongoing waits) and patients seen (completed waits).

Table 3 shows the number of patients admitted for Inpatient or Day case treatment. During the quarter ending 31 March 2020, 44,872 (68.7%) of patients who were treated waited within the TTG of 12 weeks, with a remaining 20,444 patients waiting over 12 weeks to be admitted.

During the quarter ending March 2020, 4,663 fewer patients were seen, than in the quarter ending December 2019. When compared to March 2019, 9,026 fewer patients were seen. Even so, the percentage of patients seen within 12 weeks was similar to the same point last year, although lower than the previous quarter (-3.1 percentage points). The reduction in patients seen is due to a decrease in admissions between 16-31 March, as a result of the Covid-19 pandemic.

Half of all patients covered by the national standard were treated within 57 days (median wait) and 9 out of 10 were seen within 172 days (90th percentile wait) during the most recent quarter.

Table 3: Completed waits for patients seen: Inpatient or Day case admission

<table>
<thead>
<tr>
<th>Quarter ending</th>
<th>Total seen</th>
<th>Number who waited over 12 weeks</th>
<th>Performance against TTG Standard (%)</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-20</td>
<td>65,316</td>
<td>20,444</td>
<td>68.7</td>
<td>57</td>
<td>172</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>69,979</td>
<td>19,705</td>
<td>71.8</td>
<td>54</td>
<td>175</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>69,906</td>
<td>20,053</td>
<td>71.3</td>
<td>55</td>
<td>171</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>71,586</td>
<td>19,628</td>
<td>72.6</td>
<td>54</td>
<td>165</td>
</tr>
<tr>
<td>31-Mar-19</td>
<td>74,342</td>
<td>23,317</td>
<td>68.6</td>
<td>58</td>
<td>174</td>
</tr>
<tr>
<td>31-Mar-18</td>
<td>69,777</td>
<td>16,778</td>
<td>75.6</td>
<td>51*</td>
<td>142*</td>
</tr>
</tbody>
</table>

* NHS Tayside have been excluded from the median and 90th percentile waits due to data quality issues. Consequently, these figures should be interpreted with caution.

Table 4 below provides the monthly number of patients seen across NHS Scotland during quarter ending March 2020. It shows a reduction in March 2020 of almost a third of patients seen compared with both January 2020 and February 2020. When compared with March 2019, almost 10,000 less patients were seen in March 2020.

Table 4: Patients seen across NHS Scotland during quarter ending March 2020
Figure 9 provides a breakdown by Board of the percentage of patients seen within 12 weeks for quarter ending March 2020. This varies across Boards, with NHS Western Isles (100.0%), NHS Shetland (86.3%) and NHS Borders (85.7%) having the highest rates and NHS Tayside (55.5%), NHS Highland (58.2%) and NHS Grampian (58.8%) the lowest.

Figure 9: Percentage of Inpatients or Day Cases seen within 12 weeks by Board; Quarter ending March 2020

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total seen</th>
<th>Number who waited over 12 weeks</th>
<th>Performance against TTG Standard (%)</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-2020</td>
<td>16,561</td>
<td>4,746</td>
<td>71.3</td>
<td>45</td>
<td>160</td>
</tr>
<tr>
<td>29 Feb-2020</td>
<td>24,094</td>
<td>8,030</td>
<td>66.7</td>
<td>63</td>
<td>180</td>
</tr>
<tr>
<td>31-Jan-2020</td>
<td>24,661</td>
<td>7,668</td>
<td>68.9</td>
<td>61</td>
<td>172</td>
</tr>
<tr>
<td>31-Mar-2019</td>
<td>26,033</td>
<td>8,525</td>
<td>67.3</td>
<td>57</td>
<td>181</td>
</tr>
</tbody>
</table>

2.2 Patients seen within 12 weeks

Figure 10 shows a trend of the percentage of patients treated in respect of the TTG. Since the quarter ending March 2013, this has decreased from 98.2% to a low of 68.6% in quarter ending March 2019 before improving slightly in recent quarters with performance for quarter ending December 2019 at 71.9%. Of those admitted in the quarter ending March 2020, 68.7% were treated within 12 weeks which is similar to Mach 2019 (68.6%).
Figure 10: Percentage of patients treated within the Treatment Time Guarantee, NHSScotland

Figure 11 shows the percentage of patients treated and number of patients seen for the specialties that see the highest volume of patients. Each of these specialties has seen a decrease in percentage of patients treated within 12 weeks over time. For the most recent quarter, Plastic Surgery shows the biggest decrease, from 87.1% in quarter ending December 2019 to 80.3% in quarter ending March 2020 (-6.6 percentage points). During quarter ending 31 March 2020 the percentage of patients seen within 12 weeks were 73.3% in General Surgery, 65.0% in Ophthalmology and 44.7% in Trauma & Orthopaedic Surgery.

Figure 11: Percentage of patients treated within the Treatment Time Guarantee by specialties accounting for the top 80% of patients seen; Quarter Ending March 2020

Figure 12 shows that overall, the number of inpatients and day cases treated under TTG has decreased since 2014. Meanwhile, whilst the number who waited over 12 weeks has been increasing overall, it has remained relatively stable over the past year.
Figure 12: Number of inpatients and day cases treated and number who waited over 12 weeks, NHSScotland.

Figure 13 illustrates the length of wait in 3-week time bands for quarter ending 31 March 2020 compared to quarter ending December 2019. In quarter ending 31 March 2020, 25.1% waited less than three weeks and 68.7% of patients had a wait within 12 weeks across NHSScotland. This compares to 26.0% within 3 weeks and 71.8% within 12 weeks in quarter ending 31 December 2019. Comparing the two quarters, the chart shows small percentages decreases of -0.9%, -0.6%, -1.1% and -0.5% within time-bands <=3 weeks, 3-6 weeks, 6-9 weeks and 9-12 weeks respectively and small percentage increases of 1.1%, 1.3% and 0.7% in time-bands 12-15 weeks, 15-18 weeks and over 18 weeks. This reflects the reduction in patients added and removed from the list within March 2020 as a result of the decrease in admissions between 16-31 March due to the Covid-19 pandemic.

A quarterly distribution by Board and Specialty can be found in the data tables.
2.4 Waiting List changes - Patients seen, added or removed

The weekly activity for Inpatient and Day Cases across NHS Scotland in Figure 14 below shows that during the quarter ending 31 March 2020, there were 79,495 additions to and 80,113 removals from waiting lists across NHS Scotland. As removals exceeded additions, the net effect is a decrease in waiting list size. The decrease in additions, removals and attendances illustrates the impact of the direction on the 17 March to place NHS Scotland in emergency measures, where Boards were asked to suspend all non-urgent elective treatment due to the Covid-19 pandemic.

The weekly activity figures in Figure 14 show a decrease in additions from 7,010 patients across NHS Scotland for week ending 8 March, to 6,861 for week ending 15 March and reducing to 1,821 for week ending 29 March. Similarly, there was a decrease in all removals (including attendances) from 7,231 for week ending 8 March, to 6,955 for week ending 15 March to 1,764 for week ending 29 March. The attendance figures, which make up the largest part of the of all the removals figures just described, decreased from 5,981 for week ending 8 March, to 5,719 for week ending 15 March and to 1,277 for week ending 29 March. The reduction in additions, removals and attendances was therefore 74.0%, 75.6% and 78.6% respectively over the period from week ending 8 March to week ending 29 March.

The majority of patients (81.5%) over the quarter were removed from the list because they were admitted. Despite a decrease in the overall number of removals in March 2020, both the number of patients who were referred back to their GP and those removed from the list as a
result of no longer requiring treatment increased. Quarterly NHS Board trends and additional comparative detail is available in the [data tables](#).

**Figure 14: Inpatient or Day Case Weekly Activity across NHSScotland**
2.5 Number of patients waiting for Inpatient and Day Case appointments

Please see Appendix 1 for more information on the differences between patients waiting (ongoing waits) and patients seen (completed waits).

Table 5 shows that the number of patients waiting across NHS Scotland at 31 March 2020 has decreased to 79,973, compared to 80,376 at 31 December 2019. The percentage waiting within 12 weeks has also decreased from 67.5% at 31 December 2019 to 64.4% at 31 March 2020. This is a decrease from both the 70.8% waiting within 12 weeks at 31 March 2019 and 72.0% waiting within 12 weeks at 31 March 2018. Figure 13 above shows the reductions in additions and removals from the list from week ending 15 March 2020 as a result of the ongoing Covid-19 pandemic. The reduction in additions and removals including attendances has resulted in an overall decrease on the size of the waiting list.

Table 5: Ongoing waits for patients on Waiting List: Inpatient or Day case admission, NHSScotland

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting within 12 weeks</th>
<th>Number waiting over 12 weeks</th>
<th>Waiting within 12 weeks (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-20</td>
<td>79,973</td>
<td>51,509</td>
<td>28,464</td>
<td>64.4</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>80,376</td>
<td>54,269</td>
<td>26,107</td>
<td>67.5</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>77,344</td>
<td>52,712</td>
<td>24,632</td>
<td>68.2</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>75,589</td>
<td>51,698</td>
<td>23,891</td>
<td>68.4</td>
</tr>
<tr>
<td>31-Mar-19</td>
<td>75,658</td>
<td>53,569</td>
<td>22,089</td>
<td>70.8</td>
</tr>
<tr>
<td>31-Mar-18</td>
<td>72,298</td>
<td>52,020</td>
<td>20,278</td>
<td>72.0</td>
</tr>
</tbody>
</table>

Figure 15 shows the number of patients who had been waiting more than 12 weeks since the TTG was introduced, against the total waiting list. This shows an increase in both the number of people on the waiting list and the number of people waiting over 12 weeks at the end of each quarter. Specifically, it can be observed that as the number of people on the waiting list increases, the number of people waiting over 12 weeks increases at a similar rate. There has been a greater rate of increase from March 2016 onwards. The quarter ending March 2020 has seen a decrease in the total number waiting and the number waiting within 12 weeks as described above.
Figure 15: Number of Ongoing Waits over 12 weeks; Inpatient or Day case Admission; NHSScotland

At 31/03/2020:
- Total Waiting: 79,973
- Of which, waiting over 12 weeks: 28,464
2.6 Variation in how long patients have been waiting

Figure 16 below presents the distribution of ongoing waits for Inpatient and Day Cases across Scotland, for months ending 29 February 2020 and 31 March 2020. The direction to the NHS Boards to suspend all non-urgent elective treatment across NHS Scotland on the 17 March 2020 can be seen in the increased numbers waiting across most time bars at the end of March 2020. Note the reduced number of patients waiting in the within 3 weeks’ category, which will have resulted from the reduction in numbers added to the waiting list due to less referrals for treatment during March 2020.

**Figure 16: Distribution of Ongoing Wait, Inpatient or Day case admission**
2.7 Patient Unavailability

Waiting times are adjusted to remove periods where the patient is recorded as being unavailable either at the patients request (Patient Advised, Patient Requested) or due to medical reasons (Medical). Further detail on the use of unavailability is explained in Appendix 1.

Across NHSScotland, 3,744 patients waiting for an Inpatient or Day case admission on 31 March 2020 were unavailable. This is 4.7% of the total waiting list, a decrease from 7.6% at December 2019 and a decrease from 6.7% at 31 March 2019.

Figure 17 below illustrates the reduction in patients who were unavailable for Inpatient or Day Case admission at month end across NHS Scotland from December 2019 to March 2020 ending March 2020. Small decreases were seen in all three unavailability categories, but in particular for medical reasons and patient requested unavailability. Patient advised unavailability decreased from 5.2% at 31 December 2019 to 2.8% at 31 March 2020. Patient advised unavailability includes reasons such as holiday, jury duty, work commitment, carer commitment, personal commitment, academic commitment.

As seen in Figure 17 the total number of patients waiting decreased across the quarter, as did additions of IPDC patients to the waiting list therefore the number of patients advising their unavailability would vary.

**Figure 17: Unavailability of patients on the Inpatient or Day Case admission waiting list across NHS Scotland December 2019 to March 2020**

The percentage of patients that are unavailable varies between NHS boards. As at 31 March 2020, the highest level of unavailability was reported by NHS Shetland (24.7%), NHS Borders (12.8%) and NHS Western Isles (9.3%), with the lowest levels of unavailability reported in NHS Highland (2.7%), NHS Grampian (3.6%) and NHS Greater Glasgow & Clyde (3.7%).
Following the introduction of unavailability codes in October 2012, a detailed split of unavailability by NHS Board and specialty is available in the data tables.

2.8 Patient Non-Attendance

Table 6 below presents the number of accepted appointments, the percentage that Could Not Attend (CNA) and percentage that Did Not Attend (DNA) figures for patients quarterly from March 2019 to March 2020.

During the most recent quarter, the CNA percentage was 7.7%. This is when a patient notifies the service in advance that they will be unable to attend the appointment. The DNA percentage was 1.1%. Table 6 below provides the CNA and DNA rates for previous quarters from quarter ending March 2019.

Table 6: Non-attendance

<table>
<thead>
<tr>
<th>Quarter ending</th>
<th>Number of Accepted Appointments</th>
<th>IPDC CNA (%)</th>
<th>IPDC DNA (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Mar-20</td>
<td>88,714</td>
<td>7.7</td>
<td>1.1</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>85,735</td>
<td>6.7</td>
<td>1.2</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>85,764</td>
<td>6.6</td>
<td>1.2</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>87,513</td>
<td>6.7</td>
<td>1.1</td>
</tr>
<tr>
<td>31-Mar-19</td>
<td>91,370</td>
<td>6.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>

For information on Cancellation by Service percentages, please see the monthly publication of Cancelled Planned Operations. Please note that these rates are calculated using a different cohort of patients and will include patients not covered by TTG.
**Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients waiting</strong></td>
<td>Refers to patients who are on the waiting list at a point in time (waiting list census) e.g. 28 February 2019 and they have not yet had their appointment/been admitted or received treatment.</td>
</tr>
<tr>
<td><strong>Patients seen</strong></td>
<td>Refers to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.</td>
</tr>
<tr>
<td><strong>TTG (Treatment Time Guarantee)</strong></td>
<td>Refers to the 12 weeks Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits</td>
</tr>
<tr>
<td><strong>Adjusted wait</strong></td>
<td>Deducts periods where the patient is unavailable (e.g. for medical or patient advised reasons). Patients who reject a reasonable offer package, cancel or don’t attend an appointment have their waiting times clock reset to zero.</td>
</tr>
<tr>
<td><strong>Unadjusted wait</strong></td>
<td>Total length of time between the patient being added to the waiting list and the patient being removed from the waiting list. It includes time when the patient is unavailable for patient advised or medical reasons and also any time before the patient’s waiting times clock is reset (due to appointment cancellation, non-attendance or rejection of reasonable offer package).</td>
</tr>
<tr>
<td><strong>Could Not Attend (CNA)</strong></td>
<td>A patient who cancels an appointment in advance is recorded as a Could Not Attend (CNA). The CNA rate is the number of CNAs presented as a proportion of all appointments which could have been cancelled during the reporting period. That is, any offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.</td>
</tr>
<tr>
<td><strong>Did Not Attend (DNA)</strong></td>
<td>A patient who does not attend an accepted appointment and gives the hospital no prior notice is recorded as a Did Not Attend (DNA). The DNA rate is the number of DNAs presented as proportion of all appointments which patients could have attended during the reporting period. That is, any appointment which had not been cancelled before the day of the appointment.</td>
</tr>
<tr>
<td><strong>Cancelled by service</strong></td>
<td>An appointment cancelled by the hospital is recorded as a Cancellation by service. The cancellation by service rate is the number of cancellations by the service presented as a proportion of all appointments which the Service could have cancelled</td>
</tr>
</tbody>
</table>
during the reporting period. That is, any accepted offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.
Contact

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Further Information

Further information and data for this publication are available from the publication page on our website.

For more information on Stage of Treatment see the Stage of Treatment section of our website.
For related topics, please see the Waiting Times pages.

The next release of this publication will be 25 August 2020.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

Rate this publication

Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.
Appendices

Appendix 1 – Background information

Waiting Times - History and Performance Indicators

Inpatient and Day case Target & Standards

From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis (known as Treatment Time Guarantee).

Previously, the national waiting time standard stated that, from 31 March 2011, no patient waiting for treatment as an inpatient or day case would wait longer than 9 weeks. Prior to this, the national standard was set at 18 weeks (from 31 December 2007), 15 weeks (from 31 March 2009), 12 weeks (from 31 March 2010) and 9 weeks (from 31 March 2011).

Prior to 1 October 2012, the specialties of Mental Health, Obstetrics and Homeopathy were excluded from the Inpatient, Day case and New Outpatient waiting time standards. Homeopathy and Mental Health Inpatients and Day cases are now included under TTG and NHS Boards are working on providing this information, which is currently collected on different IT systems that are not yet able to supply waiting times information centrally. All NHS Boards have given the Scottish Government assurances that mental health patients are being treated within the TTG.

New Outpatient Standards

The national waiting time standard states that, from 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources. Previously, the national standard was set at 18 weeks (from 31 December 2007) and 15 weeks (from 31 March 2009) and applied only to patients referred by a GP or dentist.

NHS Boards were expected to improve the 12 week outpatient waiting times performance during 2015/16 to achieve a 95% standard with a stretch aim to 100%, which applies to all sources of referral for first New Outpatient appointment. In addition, PHS monitor waits over 16 weeks which are considered by the Scottish Government to be 'longstops'.

PHS began collecting data based on ‘New Ways of measuring waiting times’ in January 2008. At that time, data quality focused on referrals from GPs or dentists, reflecting the national standard at that time. More recently data quality checks have encompassed all sources of referral and PHS now publish data covering all sources of referral, reflecting the new national standard, from quarter ending 31 March 2010.
While statistics for New Outpatient waits have continued to be sourced from the PHS Waiting Times Warehouse using patient level data, following approval from Scottish Government and NHS Boards, the opportunity has been taken to bring the calculation of wait in line with the calculation for Inpatients and Day cases to make them consistent with the guidance on TTG and ensure consistency across Stage of Treatment waits. This may result in an increase in average length of wait and therefore potentially, an increase in the number of waits beyond 12 weeks.

Changes to the calculation include the clock not being reset where:

- *It is not reasonable and clinically appropriate to do so i.e. a patient whose circumstances are considered clinically urgent;*
- *A patient rejects 2 or more reasonable offers (known as a reasonable offer package), having already waited 84 days;*
- *A patient fails to attend an appointment they have agreed to attend, having already waited 84 days.*

Outpatient statistics for quarters prior to April 2014 are subject to the old calculation therefore this change will impact on the comparability of outpatients waiting times statistics over time.

From 1st October 2019, the 8 key diagnostic tests are no longer included under the New Outpatient waiting times figures. Waiting times for the 8 key diagnostic tests will continue to be published under the [Diagnostics publication](#).

**Other Waiting Times Targets & Standards**

Inpatient, Day case and Outpatient Stage of Treatment Waiting Times is part of a variety of targets and standards set by the Scottish Government around waiting times. Details on each of the targets/standards that PHS publish are available within the [Supporting Documentation](#) web pages.

**Why are there different measurements of waiting times?**

Waiting times statistics are of public and 'management' interest for measuring among other things how well the health system is performing and prompting management action where pressures on the standard of service required by the public are apparent. The targets have changed significantly over the last 25 years and are shown in [Table A1](#). There are two statistics of interest in this regard for assessing NHS hospitals' performance:

- **Patients waiting (Ongoing waits)** – refers to patients who are on the waiting list at a point in time (waiting list census) e.g. 28 February 2019 and they have not yet had their appointment/been admitted or received treatment.
- **Patients seen** – refer to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.
Patients waiting

These statistics measured at a census point show the length of time that patients on a waiting list have been waiting at the month end. This is the most useful measure for NHS managers who may need to take prospective action to make sure patient waits do not exceed the national maximum waiting time standard set by the Scottish Government.

The Scottish Government use information on Patients Waiting to performance manage waiting time standards, and these statistics have played an important intelligence role in the significant reductions seen in waiting times over the last few years.

This measure however, does not report how long patients actually waited until they received care. If a census is repeated as a routine, then the maximum extra time the waiting patients may experience who are removed from the waiting list between censuses, is the time gap between censuses. Currently at national reporting level that is one month.

Another gap in the picture provided by this measure is the patients who are added to a waiting list after one census point and treated (removed from the list) before the next census point. This is not generally an issue for prospective performance management action.

Patients seen

These statistics show the complete picture of waiting time experienced by patients. It is a good retrospective measure of how well the NHS is performing against the target or standard. It also takes account of the gaps in the census measure described above. This is a much easier measure for the general public to understand.

It is not so useful for prospective management action as it is historic but it may indicate issues to managers for future planning. For example, where waiting list management processes might need adjustment to deal with long waiters in order to prevent them missing the target between census points.

Patient unavailability

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Patient Requested, Medical or Patient Focused Booking (PFB) reasons.

- If a patient informs the hospital that they will be unable to accept an appointment because, for example, they are on holiday for a fortnight, then the patient is recorded as being unavailable for patient advised reasons and their waiting time clock is paused. This was previously recorded as Social unavailability;
• From 1 April 2014, patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied. Prior to this, these were recorded as Patient Advised unavailability;
• If a patient is medically unable to undergo a procedure i.e. they have another medical issue such as raised blood pressure that makes treatment inadvisable then the patient is recorded as being unavailable for medical reasons and their waiting time clock is paused;
• PFB is where the patient is invited to contact the hospital to make an appointment or to confirm an offered appointment date. The patient should be allowed a minimum of 7 days to respond. If no contact has been made after 7 days, the patient's waiting time clock may be paused for a maximum of 7 days. After a second offer, if no contact has been made after 7 days, the patient's waiting time clock may be paused a second time for a maximum of 7 days. PFB is applicable to New Outpatients and Diagnostics only.

New Ways

In January 2008, the ‘New Ways’ of defining and measuring waiting times in the NHS in Scotland was introduced, scrapping the use of availability status codes. The waiting time targets and standards were based on ongoing waits i.e. patients waiting for treatment. Table A1 shows the targets associated with ‘New Ways’. Further information is available in The History of Waiting Times and Waiting Lists document or on the Scottish Government website at Scotland Performs.

PHS collect information on waiting times for various aspects of healthcare provided by NHS Scotland, including new outpatient attendances led by a consultant or dentist. Data is collected for acute specialties (those specialties primarily concerned in the surgical, medical and dental sectors) and waiting times statistics are mostly reported on patients covered by the Scottish Government’s national waiting time standard; Scottish residents waiting to be seen in an acute specialty (other than homeopathy).

Treatment Time Guarantee

In 2011, the Patient Rights (Scotland) Act 2011 established a 12 weeks Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits i.e. patients seen.

These statistics published cover all patients added to inpatient and day case admission (IPDC) waiting lists from 1 October 2012. NHS Boards have made changes to their local system extracts in order to provide the additional data to PHS; while PHS have developed the waiting times warehouse to capture the additional data.
The majority of patients waiting for an Inpatient or Day case admission are covered by TTG. However, patients who have had a diagnostic test in an Inpatient or Day case setting before a decision was made to treat are not subject to the TTG. The other exemptions, set out in the Regulations are:

- assisted reproduction;
- obstetrics services; and
- organ, tissue or cell transplantation whether from living or deceased donor.

Spinal treatment by injection or surgical intervention was excluded from TTG until 1 April 2014, and designated national specialist services for surgical intervention of spinal scoliosis was excluded until 1 October 2014. They have been included in the TTG reporting from these dates.

Please note the vast majority of the patients who are not covered under TTG, are waiting for admission for a Diagnostic Test. These patients require a diagnostic test before a decision can be made to treat. In a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and treatment at the same time. At the point the decision is made to treat, these patients are then covered by the TTG. More information on Diagnostic Waiting times is available in the Diagnostic publication report.

This target also includes Mental Health inpatients and day cases. However, these patients are not included in this publication. The Scottish Government is seeking assurance from NHS Board Chief Executives that no Mental Health inpatient or day case has breached 12 weeks. In addition Scottish Government and NHS Boards have also agreed to use the same method of calculation of wait for new outpatients as applies to inpatient and day cases under the TTG. A further change that affects outpatients as well as inpatients and day cases is around unavailability. From 1 October 2012, ‘Patient advised unavailability’ replaced ‘Social unavailability’ which puts the patient in control of their own wait. Further information on the Treatment Time Guarantee can be found in The History of Waiting Times and Waiting Lists, which includes links to all the supporting documents.

Table A1 – Summary of NHS Scotland Waiting Time Targets from 1991\(^1,2,3\)

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Referral to Treatment</th>
<th>Diagnostic</th>
<th>Stage of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Apr 1997</td>
<td>12 months IPDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Dec 2003</td>
<td>9 months IPDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Dec 2005</td>
<td>6 months IPDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Dec 2007</td>
<td>9 weeks</td>
<td>18 weeks OP/IPDC</td>
<td></td>
</tr>
<tr>
<td><strong>January 2008 – New Ways</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Mar 2009</td>
<td>6 weeks</td>
<td>15 weeks OP/IP</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Timeframe</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>31 Mar 2010</td>
<td>4 weeks ¹</td>
<td>12 weeks OP/IP</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>April 2010 – New Ways Refresh</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Dec 2011</td>
<td>18 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>August 2012 – Waiting Time Guidance updated to incorporate Treatment Time Guarantee</strong> ²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Oct 2012</td>
<td>12 weeks IPDC ³</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. This is a local target; the national target remains 6 weeks.
2. This is a guarantee written into legislation.
3. There is an agreement between NHS Boards and Scottish Government to manage Outpatients under the same guidance.
Appendix 2 – Data Quality

Please note that although NHS Grampian have quality assured their data for this release it has not been signed off by NHS Grampian’s Chief Executive.

NHS Tayside implemented a new PAS (TrakCare) on 23rd June 2017. Due to technical issues, there is a delay in providing PHS with data. Most figures included in this publication covering from June 2017 to June 2018 for Inpatients/Daycases and June 2017 to December 2018 for New Outpatients have been provided directly from NHS Tayside PAS rather than the Waiting Times data warehouse.

NHS Lothian have identified issues with outpatient data submitted to PHS from Edinburgh Dental Institute. A combination of system and user issues has resulted in under recording of the number of patients waiting and incorrect reporting of lengths of wait. Given these concerns, records received from the Institute have been excluded from this publication. Further issues with the Edinburgh Dental Institute’s move to TrakCare in November 2019 have resulted in all of NHS Lothian’s dental specialties being excluded from the publication figures from quarter ending December 2019. NHS Lothian are working with PHS to re-establish the inclusion of Dental Institute data in future publications.

Detail on specific data quality issues experienced by Boards can be found on the dedicated webpage. Details of records which have been ‘filtered’ by Boards can also be found at this location.
## Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Inpatient, Day case and Outpatient Stage of Treatment Waiting Times</td>
</tr>
<tr>
<td>Description</td>
<td>Monthly and quarterly summary of waiting times and waiting lists in the acute sector of NHS Scotland.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Access and Waiting Times</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Waiting Times Data Warehouse. Consists of a series of 'open' records for patients still waiting for treatment and 'closed' records when patients are removed from the waiting list. All patients who are added to a waiting list for inpatient or day case treatment, for a new outpatient appointment at a consultant or dentist-led clinic or for a return outpatient appointment where a procedure is expected to be carried out should be included. Homeopathy, mental health and obstetrics specialties are not included. Data from 1 October 2012 to 31 March 2014, for Inpatient and Day case admissions was sourced via aggregate returns from NHS Boards. NHS Boards local systems have since been modified to comply with TTG, and data from 1 April 2014 is sourced from the warehouse again.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>23 April 2020</td>
</tr>
<tr>
<td>Release date</td>
<td>26 May 2020</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly.</td>
</tr>
<tr>
<td>Timeframe of data and</td>
<td>Data from 1 January 2008 to date. There have been no delays in reporting.</td>
</tr>
<tr>
<td>timeliness</td>
<td></td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Since 1992, there have been several significant changes in waiting times. Prior to 2008, data was derived using different rules that are not comparable with New Ways. From February 2010 publication PHS have implemented the 'Refresh Project', the key aim of which was to increase the usefulness of the New Ways Warehouse to NHS Boards, PHS and to the Scottish Government. Then from 1 October 2012, the introduction of Treatment Time Guarantee resulted in further changes. A full history of waiting times is available in Waiting Times &amp; Waiting List History.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Process and background regarding the revision of data from October 2012 is detailed here.</td>
</tr>
<tr>
<td>Revisions relevant to this</td>
<td>All figures from October 2012 have been revised. Addressing a period of transition between October 2012 and March 2014, this ensures all figures are sourced from the PHS warehouse and the calculation of wait (applicable from 1 October 2012) is applied consistently to Inpatients, Day cases and New Outpatients.</td>
</tr>
<tr>
<td>publication</td>
<td></td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>New Ways Definitional Rules and Guidance is available: New Ways Rules &amp; Guidance</td>
</tr>
<tr>
<td></td>
<td>TTG rules and guidance is available in the following documents: Patient Rights (Scotland) Act 2011 The Regulations and Directions under the Act - CEL 17 (2012) The Regulations (Amended) under the Act - Amendment Regulations (2014)</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times including from 1 October 2012, Treatment Time Guarantee. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and NHS Performs.</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>Detailed information on validation is available. The data is subject to a sign-off procedure each quarter before publication where the data for the previous quarter is confirmed by the submitting Board. PHS carry out detailed fitness for publication evaluation every quarter including comparisons to previous figures and expected trends. PHS also check outputs from two different analytical tools. PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1). PHS carried out an audit of New Ways data quality in 2008 and the details can be found here under the heading ‘Data Quality Assessment Project’.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1). Provisional analysis of refresh data showed that approximately 98% of data submitted to the Warehouse is published.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>Comparative waiting times information is not possible at present using these data due to inconsistencies in definitions of waiting times for treatment across the four countries. Collaborative efforts by the health departments of the four countries to produce comparable figures on waiting times are currently underway by the UK Comparative Waiting Times Group. Collaborative efforts are also underway to produce comparisons to European waiting times.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of PHS Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
</tbody>
</table>
### Coherence and clarity

Key statistics for the latest quarter are linked to on the main Waiting Times page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented.

Further features to aid clarity:

1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.
2. All tables are printer friendly.
3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level.
4. Key data presented graphically.

<table>
<thead>
<tr>
<th>Value type and unit of measurement</th>
<th>Number of patients seen, number of patients waiting and percentage distribution of wait; by NHS Board and nationally and by patient type (i.e. inpatients/day cases, new outpatients and return outpatients).</th>
</tr>
</thead>
</table>

**Disclosure**

The PHS protocol on Statistical Disclosure Protocol is followed.

**Official Statistics designation**

National Statistics.

**UK Statistics Authority Assessment**


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**Help email**

phs.isdWAITINGTIMES@nhs.net

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Appendix 4 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 5 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.